DO NOT USE ALL CAPS when completing this form. Use regular sentence punctuation.

COMMONWEALTH OF KENTUCKY TRANSPORTATION CABINET

TC 31-26E Rev. 06/2008

eMARS TRAVEL REIMBURSEMENT DETAIL

Agency: C35 Document Number:						Authorization:						
					DATE	AGE	NCY NAME					
		2 of				TRA	VELER'S WORK STAT	ION			OFFICE PH	ONE
EMPLOYEE ID TRAVE							VELENO WORKSTATI	LEKO WOKKOTATION				OIVE
TRAVELER NAME TRAVE							VELER'S RESIDENCE					
	TIME OF							PRIVATE	TOLLS			
МО	DAY	DEPARTURE	RETURN	١	LOCATION			AUTO MILEAGE	AND/OR PARKING	LODGIN	NG SUBSISTENCE	TOTALS
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If mileage claimed, was State car available? YES NO Rode with another state employee.							er TOTALS FOR THIS PAGE					
							ENTER MILEAGE FROM ALL PAGES		(N	Miles) х	(Cents Per Mile)	
Airfa	are E	xpenses:				_	GRAND TOTAL				TOTAL OTHER	
		•					EMPLOYEE REIMBURSEMENT				EXPENSES TOTALS FROM ALL	
Reg	istrat	tion Fees:				_	AIRFARE & REGISTRATION				CONTINUATION PAGES	
Nam	ne of	Conferen	ice/Sym	nposium:			REIMBURSEMENT				GRAND TOTAL	
•			- ,				TOTAL TRAVEL REIMBURSEMENT			F	EMPLOYEE REIMBURSEMENT	